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AN

Inaugural Dissertation

ON

FEIGNED DISEASES.

BY

THOMAS W. BLATCHFORD, A. B.

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MIRA, endow'd with every charm to bless,  
 Has no design, but on her husband's *peace* :  
 He lov'd her much ; and greatly was he mov'd  
 At small inquietudes in her he lov'd.  
 " *How charming this*"--The pleasure lasted long,  
 Now every day the "*fits*" come thick and strong :  
 At last he found the charmer only feign'd,  
 And was diverted when he *should* be pain'd.  
 What greater vengeance have the gods in store ?  
 How tedious life now she can *plague* no more !  
 She tries a thousand arts ; but none succeed :  
 She's forc'd a fever to procure *indeed* :  
 Thus strictly prov'd this virtuous loving wife,  
 Her husband's pain was dearer than her life.

YOUNG, SAT. VI.

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1817.

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and Surgeons, as the Statute directs.*

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TO THE  
REV. SAMUEL BLATCHFORD, D. D.

*THIS DISSERTATION*

IS INSCRIBED,

WITH SENTIMENTS

OF FILIAL GRATITUDE AND RESPECT,

BY HIS SON,

THE AUTHOR.



TO  
SAMUEL BORROWE, M. D.

ONE OF THE SURGEONS

OF THE

*NEW-YORK HOSPITAL, &c.*

THIS DISSERTATION

IS DEDICATED,

WITH FEELINGS OF GRATITUDE,

WHICH OUGHT NOT TO BE SUPPRESSED,

AND OF PERSONAL REGARD,

ENTERTAINED FOR HIM,

BY HIS PUPIL,

THE AUTHOR.

MANUEL DE ...

ONE OF THE ...

OF ...

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TO THE  
PROFESSORS OF THE  
COLLEGE OF PHYSICIANS AND SURGEONS,  
OF THE UNIVERSITY OF THE STATE OF NEW-YORK.

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GENTLEMEN,

IT may be gratifying to you, to know the reasons which influenced me, in selecting for my Inaugural Dissertation, a subject, at once so singular and intricate as that of *Feigned Diseases*.

About two years since, I received the appointment of "Resident Physician" to the "New-York State Prison." Whilst performing the duties incumbent on me in that station, I witnessed numerous instances of the most subtle deception practised by the criminals; contrived with the greatest ingenuity, in order to excite the commiseration of their keepers, and exempt themselves from the performance of the tasks imposed upon them. I found great difficulty in detecting these impositions, especially in convalescents; and having no author

to whom I could resort as a guide, I hesitated much, always keeping in view the inhumanity of neglecting real pain and distress. I might suspect the reality of their disease ; but in a case so important as that of life or death in the issue, it was hard for me to convince my own mind, and still harder to act in opposition to their reiterated complaints.

These circumstances caused me to regret, that there was nothing to which I could refer to satisfy my doubts and suspicions, and induced me to offer, as the last requisite for my degree, what I could collect from observation and acquire from reading on the subject which now claims your attention. If what I have advanced, shall preserve any from being the dupes of imposition, or throw light upon a subject which, till of late, has not been considered as essential in the education of a medical student, either in this country or in England, my principal object is attained ; and I shall ever be proud to recollect it.

I am, gentlemen, with sentiments of respect and gratitude, your humble servant,

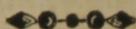
THOMAS W. BLATCHFORD.

*New-York, April 7, 1817.*

## DISSERTATION

ON

### *FEIGNED DISEASES.*



AFTER making a few cursory observations upon the less important kind of Feigned Diseases, which we commonly meet with in the higher ranks of society, we shall minutely investigate the principal diseases, which are feigned by the lower classes of people.

There is scarcely a physician, who has had even a tolerable share of practice for a single year, but has witnessed ~~instances of~~ the most artful deception in patients; contrived with such ingenuity and precision, and attended with such apparent reality, that it has demanded his utmost assiduity and attention to detect it: and sometimes it has even totally eluded his observation. But we should remember, that hypocrites in disease, deserve as much the censure of every honest member of the community, as hypocrites in religion. As it is the duty of the divine to point out the distinguishing traits of the one, so it is the duty of the physician to examine and understand the characteristics of the other.

It may be asked, what end individuals propose to gain by resorting to this detestable species of

imposition, especially the wealthy, who may furnish themselves with every comfort which can render life agreeable? Their ends, I answer, are more numerous than the diseases which they feign. If it is ever right, "to do evil that good may come," their intentions may sometimes be laudable. As an example we may adduce that of *David*, king of Israel, who feigned himself mad, that he might rescue his life from the hands of Achish.\* Another instance, equally commendable, is that of *Junius Brutus*, who feigned idiotism and became a court fool, to preserve his life from the hands of Tarquin, who had already murdered his father and eldest brother.†

But good intentions actuate few, in comparison with the number of those whose motives are of a vicious and despicable character. History furnishes numerous examples of crimes perpetrated under the garb of false disease. Hume, in his history of England, informs us, that *Alfric*, governor of Mercia, under Etheldred, unwilling to become an open traitor to his country, endeavoured to conceal his crime, under the cover of pretended sickness; during which time, according to agreement, his troops united with the Danes. *Etheldred*, himself, about seven years afterwards, from pure cowardice, was induced to feign illness. He remained at London, and heard without any emotion his troops calling aloud for their leader; he witnessed their confusion and dissention; and at

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\* 1 Sam. xxi. 12-13. † Goldsmith's Rome, p. 92. *The in-*

ance of Ulysses, who feigned himself mad that he might not be separated from his wife Penelope, might here be adduced - Virg. *Aeneid*. lib. ii & iii.

length had the *satisfaction* of beholding his kingdom become subject to a foreign despot. Another instance shall suffice our purpose, which is the impious case of *Amnon*,\* son of David, who feigned himself sick, that he might rob a sister of her virtue, whilst she was ministering to his pretended wants.

But without referring to remote ages, we are acquainted with those in the present day, whose motives are as detestable, although the consequences of their deception be not so fatal as those of Amnon. Among these we cannot but remark a class of females, who seem to take a secret, strange delight, in witnessing the distress and sympathy of a friend, excited merely by their dissemblance of some pain or disease. Whatever be their object, whether to test affection ; to behold the tender emotions of the heart ; or to excite wonder and astonishment ; the head and the heart of such, must indeed, be in a pitiable situation, who find a pleasure in descending to practices so low and unnatural, so full of hypocrisy and deceit.

I well recollect an instance of this kind, in a wealthy and accomplished female, who moved in the higher circles of life. Her countenance was naturally pale, and her aspect sickly, which greatly favoured the deception. A gentleman of learning and respectability paid her his addresses—After a short time they were married. The complaint she assumed, was as singular as capricious ; it was that of

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\* 2 Samuel, xiii.

*fainting* at will, as was afterwards discovered. At first it called into action, all the tender feelings of her affectionate, unsuspecting husband; but from the fact of its being often repeated, he began to convince himself, that there was more of deception than reality in her complaints. He observed, that after the paroxysm was over, she appeared as well and cheerful as usual; that it originated from the most trifling and opposite causes, and often whilst performing the duties of her station at the head of her table. I have repeatedly seen her fall back in her chair in an apparent syncope, but in all these instances, she was never known to injure herself by falling. Upon these discoveries, her husband ceased to give himself any uneasiness, and she in her turn, finding that he had become insensible to feelings of sympathy, relinquished any further practices of deception.

A similar instance, is that of a lady, who was greatly addicted to the same habit; frequently, as often as two or three times in the course of an evening, in an assembly or ball-room; but never, unless a particular gentleman was present; and not even then, unless she could conveniently fall into his arms. These instances satisfactorily prove, that there are certain females, who derive more real gratification from falsely complaining, than from the acknowledgment of an uninterrupted enjoyment of health.

But it must be admitted, that the other sex are by no means backward in practising this sort of imposition, although it is less common with them, than with females.

I knew a young man who used to complain when in the company of a lady whom he expected shortly to marry, for no other reason, as he himself assured me, than to enjoy the pleasure of her sympathy.

It is no uncommon thing to find vanity, and the fear of an injured reputation, the cause of feigned disease; usually to conceal complaints of a disreputable character. Women affect *Ascites* or *Tympanites*, when they are conscious that imprudence, and crime, have laid the foundation of a different complaint.\*

After the memorable battle of Waterloo, nothing was more common, than for young men to parade the public walks of the cities, and thickly inhabited towns of England, with their arms in slings, or their legs secured with bandages, and limping with crutches under their arms, with a view of reaping the vainest species of honour from the passing stranger, or the still more credulous inhabitant.

But of all motives for feigning disease, that of *smuggling* is the most strange. The following instance is a fact, which happened not long since: A lady of this country, while on a tour through Europe, was very *clandestinely* seized with the *dropsy* on her return from the continent to England; but she was unexpectedly cured of it by the custom-house officer, who discovered that the cause of it was a large quantity of silks and laces, which she had concealed around her body in order to free them from the customary duties.

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\* This subject more properly belongs to another branch of Medical Jurisprudence.

*Children*, likewise, are very frequently the subjects of feigned diseases ; and it is hardly credible to what extent they carry their deception ; how exactly they will represent the disease ; how effectually blind the eyes of their friends, and successfully puzzle the most skilful and discerning physicians.

Not two years since, a boy, the son of an intimate friend of mine, was affected very strangely and suddenly. Upon my second visit, I began to perceive something very unnatural and contradictory in his case. A few hours of close and scrutinizing observation, convinced me, that there was more of art, than nature in his complaint ; but I dared not reveal my suspicions. At the request of his friends, two physicians of eminence were consulted : it was not long before we perfectly understood each other ; but from the confidence his friends reposed in him, and from the danger of the correctness of our opinions being questioned, we concluded that it was not expedient to acquaint the friends with the real nature of the case. But as the patient had arrived at that age, in which he could discern the difference between good and evil, we determined that a private, serious conversation with him, would be the best way to allay the anxiety of the family, and preserve the youth from an open disgrace. This was put in execution, and we had the satisfaction to witness the desired effect. His recovery, however, was almost too instantaneous to pass unnoticed.

We often see a child, who has a difficult or unpleasant task to perform ; or who has been

guilty of some misdemeanor, and from its detection, expecting punishment, feign some disease, thereby hoping to screen himself from duty or correction. Perhaps a violent head-ache is assumed—a pain in the limbs, commonly called *growing pains*—a pain in the bowels—an ear-ache—a tooth-ache—and sometimes children carry their deception so far, as to affect paralysis and even convulsions; to refuse all kinds of food; and, because fluids are the common drink of the sick, they crave the same, and subsist almost altogether on them. Not only in this way, will they afflict themselves, but will often submit to the most active treatment, the more effectually to deceive.

We may here, also, notice the deception practised by children while convalescing. They generally receive so much pleasing attention, and are indulged with luxuries so gratifying to their appetites, that it is hard for them to yield that, which, on ordinary occasions, they cannot obtain: and this selfishness induces them to deceive their friends and physicians, by exaggerating their complaints, and feigning symptoms, which have no foundation. Hence we condemn the common practice of encouraging children, during sickness, by any particular marks of indulgence. Common as these cases are, and trifling as they may appear to many, they are nevertheless among the most unpleasant, with which the physician has to contend. Should his judgment err in pronouncing complaints fictitious, when they prove to be real, he will doubtless commit his reputation: and this, added to the danger

of withholding active remedies, fully establishes the importance of a thorough and perfect acquaintance with symptoms, before we hazard our opinion, and, especially, before we attempt to prescribe.

If, in a disease which we suspect to be feigned, we do not find the characteristic symptoms present; and if we can discover any end which we think our patient proposes to gain by sickness, then a little cross-questioning will easily enable us to judge concerning the reality of his complaints. If any doubt should exist in our minds, and our opinions be requested, prudence will dictate as to the propriety of giving a decided answer; but if no opinion is requested, it would be better for us to keep our diagnosis to ourselves.

If a child complains of a *tooth-ache*, we can soon discover if it is real, by observing its apparent ease during the relation of some interesting story, or when its attention is otherwise directed. We can often, too, satisfy our minds by threatening to extract the tooth; or by proposing some other disagreeable remedy, and if it is feigned, the pretended pain will most likely subside, before either are put in execution.

If it be a violent *head-ache*, of which the patient complains, and we can discover no other symptoms of disease present—If the head is not unusually hot—If the skin is not hot and dry, (unless heated by sitting over a warm fire; for, it must be recollected, that this alone will produce an apparent fever, a quick pulse, a dry hot skin, thirst and stupor)—If the bowels are not costive, or other-

wise diseased, we may justly suspect its reality.

In these cases, a gentle cathartic will satisfy the friends of the patient, whilst the physician gives himself no further trouble.

If a *pain in the bowels* be feigned by children, let us first, ascertain the state of the evacuations, and endeavour to learn, whether any particular marks of disease preceded the attack ; whether the pulse be hard, small and quick ; the countenance unusually pale ; the eyes languid ; the abdomen hard and knotted, and whether there be any wincing under the hand. If these symptoms are absent, we may rest assured, that, if there be any reality in the complaint, it is not of sufficient importance to occasion any uneasiness or anxiety. But still, under these circumstances, no injury can accrue to the patient from administering to him a *small dose of opium* ; if the pain does really exist, it will have no effect : if it be pretended, it will produce drowsiness and sleep. A gentle cathartic may be given with perfect safety, let the issue be what it may.

The feigned indisposition of children is generally some temporary complaint, as that of pain ; because they are aware that this excites the greatest commiseration, and is their best defence during their troubles.

We shall here mention two cases of feigned disease in children, to show how far they are capable of carrying their deceptions, and how difficult it is to detect them.

The first, which I shall relate, is that of a lady

in this city, now enjoying health and happiness, and surrounded by an agreeable family. When at nine years of age, for some unknown cause, she felt a great reluctance to attend her school. Her request of absenting herself from it, not being complied with by her parents, she thought her safest and only expedient, to gain her object, would be to feign some disease. Accordingly, she complained of head-ache, loss of appetite, and inability to move her lower extremities, together with a most excruciating pain. A physician was called; he found her sitting in a chair, her body bent forward, and her feet placed upon a foot-stove, but without any marks of disease. She would not willingly allow any one to touch her, or even approach her; and when she was carried from her chair to her bed, her pains were apparently excruciating. Cathartics were given her; external applications, in the form of friction, and blisters were also recommended: but to these, she would not submit; and on account of the agonies into which she appeared to be thrown by the attempt, they were not used. This state of things lasted ten or twelve days. Her parents and friends became much alarmed; and the physician, in attendance, did not dare to calm their anxiety, by disclosing his suspicions on the subject.

About this time, a fire broke out in the neighbourhood, and during the general commotion and alarm of the family, who hastened to witness the scene; she forgot her distress; arose from her seat, and mingled with the throng at the door. She soon found that her deception was detected, and that it

was useless for her any longer to persist. She immediately resumed her duties at school; gave no farther anxiety to her friends, and confirmed the opinion of her physician.

Another remarkable instance, is that of a lad, who, at the age of eight years, had been detected in mischief, and as he knew he had no apology to offer, which could screen him from the rod, he complained of sickness at his stomach, and while he imagined, that he was unnoticed by any one, he irritated his throat with his finger, which produced vomiting. Presently he began to kick and strike those around him; and finally, feigned a convulsion so completely, as to deceive his parents; and, by his apparent agony, so far excited their compassion, that they forgave the offence of which he had been guilty, and he saved himself from a deserved chastisement.

I might detail many more instances of deception among children, equally singular and artful; but those we have mentioned will be sufficient. I proceed, therefore, to the second and more important part of the subject.

THE CONSIDERATION  
OF THOSE DISEASES WHICH ARE MOST COMMONLY FEIGNED  
BY THE LOWER CLASSES OF PEOPLE ;  
WITH VIEWS AND INTENTIONS MORE INJURIOUS TO SOCIETY.

~~~~~  
*Some for fraud—some to cover crimes—some to be liberated  
from punishment in reality, as well as in anticipation—  
and some for purposes of mendicity.*

—●—  
THESE subjects claim the attention of physicians generally, because their opinion is often demanded in a court of justice ; and especially of those, whose professional duties connect them with prisons, hospitals, work-houses, the army or the navy.

And here a few general observations are necessary, respecting those circumstances, into which it is proper we should inquire, that a correct opinion may be formed of a disease supposed to be feigned.

We should ascertain the character of the individual ; the benefit which he may expect to derive from disease ; the nature of his complaint, whether chronic, or one which will soon terminate.

It is very uncommon for the lower class of pretenders to endeavour to imitate any acute diseases ; for they are aware, that their duration is too short to answer their purpose. External disorders are likewise rarely pretended, from the circumstance of their being too readily detected. We should also examine the plausibility of the account given

of the disease, and try, whether by cross-questioning, the patient can be made to contradict himself.

It is proper for us to learn too, with what readiness the medicine prescribed is taken ; and particularly, to observe the account given of its operation by the patient himself. We should also be careful that the nurse does not neglect her duty in administering the remedies ; for although pretend-ers generally appear *over-anxious* to obtain relief, I have seen them, when a dose of salts has been prescribed, thinking themselves unobserved, either throw it on the ground or in their bosoms.

Much may therefore be gathered from watching the patient when he knows nothing of it ; for by this, we may judge whether his conduct is uniform and consistent with his complaints. It is also of great use to visit him, when he least expects it, and when he is off his guard ; to attend particularly to the history of his complaint, and carefully watch its progress.

Although we allow, that there is generally much difficulty attending the detection of this kind of imposition, still it must be admitted, *that every disease has some peculiar characteristics, which are independent of the relation given by the patient.* This may be taken as a general rule, although there may be some exceptions. The only means, therefore, by which the impostor has to expect success in his deception, is, to lurk behind the comparatively secure shelter of the great *variety of appearances*, under which the same disease shows itself. And as these are so numerous: as diseases are so differ-

ent in their accession, progress and termination: unless those external and evident characteristics are absent, none but the ignorant, the inexperienced, and the most imprudent, would ever pronounce a disease to be feigned. The prudent physician, however, for his security, remembers that in all the varieties of disease, nature never contradicts herself. To explain my meaning: a patient cannot be affected with *cephalalgia*, without other apparent symptoms; either the eyes, the countenance, the skin or the pulse must show it: neither can a person feign *cataplexy*, and remain motionless, during the repeated application of the electric shock. Upon this principle, therefore, the physician ventures a decided judgment, that if he can discover evident and satisfactory contradiction, he rests assured, that such complaints have no place in the long catalogue of human ailments.

Discretion will suggest many other circumstances, which will assist us in detecting imposition. Let our treatment of such individuals be influenced by the circumstances under which they are placed. Is he a prisoner suffering a cruel confinement? humanity dictates that we should temper our severity with mildness. Is he a vile impostor, practising deception, for the sake of gain, or the perpetration of an impious crime? we should almost forget mercy. Torture, however, or very severe treatment, as a general rule, had better be avoided as a test, unless it would be advisable in the management of the real disease. Threats will often be found of much use.

Having made these cursory observations on the mode of detecting imposition, our next business is, the consideration of some of those diseases which have been most frequently feigned, and which have caused physicians the greatest difficulty to detect: we shall commence with

*MANIA.*

*MANIA* is frequently dissembled by the perpetrator of crime, to escape the sentence of the law, or to mitigate the severity of punishment. We find it pretended by sailors and soldiers, who would rather inhabit the cells of an asylum, and wear the chains of madmen, than perform their ordinary duty. And we sometimes find it pretended for purposes of mendicity. If man, deprived of reason, has nothing to distinguish him from the brutes which perish, but his form, to what may we compare that man, who, in the full possession of his faculties, would wish to be thought mad? But such instances are by no means rare; and to distinguish between the dexterous imitation, and the real disease, is a province of medical jurisprudence equally delicate, difficult, and important: and we cannot but remark, that it shows a great degree of ignorance, as well as a great want of liberality, in the advocates of criminal or civil law, to demand of the physician, a positive testimony where truth and nature speak with so much ambiguity, that every honest mind cannot fail to be influenced, by prudent hesitation. Mania, is one of the most subtle of diseases; and as its varieties are so great, and its nature is so little understood, it is frequently feigned

+ Truth speak ambiguously - she has lately changed her character perhaps

In order to form the most correct opinion, we should first review the more common *predisposing causes*. Of these, the melancholic temperament is considered prominent. This is characterised by dark complexion, dark hair, eyes and skin, a strong venereal appetite, habitual costiveness, rigid fibre, and an inclination to sedentary habits. It is supposed by many to be hereditary; if there be any such disposition in the family, it may influence our opinion. "Retarded catamenia, but especially a suddenly suppressed evacuation, or long obstruction succeeding great regularity, in some female habits, have induced predisponent tendency to insanity."\* Injuries of the head in early life, predisposes to insanity, as well as the occurrence of some severe disease, as Phrenitis, Typhus, Syphilis, and the abuse of mercury. Age is generally enumerated among the predisposing causes of insanity: neither the very young, nor the very old, are often affected with it; for it has been observed to occur most frequently in persons between thirty and forty years of age. Hill asserts, that Mania is never idiopathic, but has for its foundation, some corporal disease.

Secondly—Inquire into the *exciting causes* of insanity; as grief, anger, joy, fear, love, blows on the head, &c.

Thirdly—Observe the *history* of the complaint, to ascertain whether the accession was sudden, or whether the premonitory signs of Mania were ob-

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\* Hill on Insanity, p. 119.

served, *i. e.* if the perception of the supposed maniac was any ways erroneous, whether the memory was observed occasionally to fail; whether errors in judgment were observable, and whether the imagination was particularly wild.

*Fourthly*—Examine into the *present state of his health*. In order to do which, a knowledge of the symptoms characterising Mania must be known: the enumeration of them will be sufficient. They are a red face,\* peculiar wildness of countenance, rolling and glistening of the eyes, a diminution of the irritability of the body as it respects the effects of cold, hunger and watching, a full strong pulse; and the patient is generally affected with costiveness, and loss of sensibility in the stomach, together with a peculiar smell.

“A few days spent in the circumspect examination to which every lunatic is entitled, with as complete a knowledge of all the antecedent circumstances of his history as can be obtained, will commonly enable the person who has diligently studied the nature and effects of insanity, to ascertain its actual or feigned presence.”†

Attention to the peculiar cast of countenance which characterises a maniac, is of but little use to those who have not had the benefit of considerable experience.

In general, insane persons wish not to be thought so, and the suspicion of their being thought insane

\* I am aware this is doubted by many, but assert it upon the authority of Boerhaave, Van Sweten, Cullen, &c.

† Hill on Insanity, p. 391.

by their friends, often sets them in a most violent rage. Hence they are endeavouring to conceal from observation, those lapses of thought, memory and expression, which are tending every moment to betray them. But the imitator of this disease, often proves by his actions and his words, that he thinks himself deranged; and instead of appearing insulted at the mention of it, by a bystander, appears pleased. His paroxysms too are generally observed to be much worse when his physician or attendant is present. External appearances, however, may be carried to great lengths; and, if no others are observed, it is possible to deceive the best informed in the character of insanity.

Mr. Hill, (whose book on insanity is well worth perusing) lays much stress upon the peculiar odour which he observes "is never wanting in the mentally deranged, in defiance of all personal delicacy."\*

We cannot however admit this symptom to be as universally present, as Mr. Hill affirms; since, in many cases of real and long continued insanity, now in the Lunatic Asylum of this city, it is not, nor has it been present; or, if it has existed, it has not been detected; although, when its absence is accompanied with the absence of other essential symptoms, it assists to strengthen our suspicions.

The mode he recommends for detecting this odour is "to enter the bed-room of the subject on his first awaking. After having slept in a small, ill-ventilated apartment, in sheets and body linen

occupied by him for some time, the curtains are now to be opened by the inspector. Inhaling the effluvia under these circumstances, it is scarcely possible to be mistaken.”\*

But if our suspicions are strong, unless they approach to real conviction, we should be careful to conceal them from the patient: assent to all he says, and treat the case the same as if fully convinced the disease was real.

Maniacs not believing themselves unwell, are generally very unwilling to take medicine, or have any thing done for them by their physician, but the generality of pretenders are very anxious for relief.

As a diminution of the sensibility of the alimentary canal, and particularly the stomach,† is almost universally attendant upon mania; the administration of a strong solution of the Tart. Ant. unknown to the pretender or suspected person may assist the fallibility of human judgment. “When

\* Ibid, page 396.

† Mr. Haslam thinks the torpor of the bowels and the insensibility of the stomach, are by no means constant symptoms in mania. His words are, “An opinion has long prevailed, that mad people are particularly constipated, and likewise extremely difficult to be purged. From all the observations I have been able to make, insane patients on the contrary, are of very delicate and irritable bowels, and are well and copiously purged by a common cathartic draught.”\* From one grain and a half to two grs. of Tart. Ant. has been the usual dose, which has hardly ever failed to procure full vomiting, page 329. But the observations of Pinel, Crichton, Ferriar, and many other eminent writers, together with the observation of a number of physicians in this city, lead me to think Mr. Haslam is in an error. Mr. Male says he has “seen six grains of Tart. Ant. given, and large doses of drastic cathartics taken, without producing any effect. A pint of the strongest infusion of Senna, has sometimes given only one or two evacuations. (*Male's Judiciary or Forensic Medicine*, p. 165.

\* Page 321, *Haslam on Madness*.

a common dose takes a full and powerful effect, deception will be more than half ascertained ; because in every stage of approaching, or actual insanity, such an effect never follows such an administration, more especially under the maniacal form, which is that most commonly attempted to be personated.”\*

Pretenders to mania can seldom do with as little sleep as characterises the real disease ; for, upon observing the true maniac, we constantly find him talking to some supposed person during the night.

Another method, sometimes recommended for detecting feigned mania, is stripping the person in the cold, and leaving his clothes by him, that if he feels inclined, he may put them on.

A maniac not minding shame or cold, will not trouble himself, but remain in the same situation ; but the pretender feeling sensibly the effects of cold, endeavours to put them on again to keep himself warm. Upon this test, however, we do not place much dependance, unless in conjunction with stronger evidences ; for Mr. Haslam observes—“Some maniacs refuse all covering ; but these are not common occurrences.”†

But what we are to rely most upon in the detection of this species of feigned disease, is constantly watching the patient, observing him when he is unconscious of it, visiting him when he least expects it, and closely examining him at every visit ; prescribing in his hearing, severe and active remedies,

\* Hill on Insanity, p. 396.

† Haslam on Madness, p. 97.

to be followed up until a change takes place ; and when we find our suspicions pretty well founded, that old remedy, the whip ; which in the management of real maniacs is now generally disused ; may often be employed with much benefit.

After the relation of two or three cases, we shall dismiss this part of our subject.

“ A man of forty-five years of age, confined in the felon department of Bicêtre, on account of his political opinions, was guilty of numerous acts of extravagance, made many absurd speeches, and at length succeeded in obtaining his removal to the lunatic department of the same place.

“ This happened says Pinel before my appointment. In the course of a month after my entrance upon the functions of my office, I determined to examine carefully into the history and state of his malady, in order to ascertain correctly the class of the disorder to which his case belonged. For this purpose I frequently visited his chambers. At every visit he exhibited some new antic. Sometimes he wrapped up his head in the clothes, and refused to answer my questions. At other times, he poured forth a torrent of unmeaning, incoherent jargon ; on other occasions he assumed the tone of an inspired, or affected the airs of great personage. The assumption of so many and opposite characters, convinced me that he was not well read in the history of insanity, and that he had not studied the character of those whom he endeavoured to counterfeit. The usual changes in the expression of the eyes, and other features characteristic of a nervous maniacal ex-

itement, were likewise wanting. I sometimes listened at the door of his chamber in the course of the night, when I invariably found him asleep, which agreed with the report of the hospital watchman. He one day escaped from his chamber, while it was cleaning and setting in order, took up a stick and applied it with great effect to the back of a domestic, in order to impress him and others with an idea of his violence and fury.

“All these facts which I collected and compared in the course of one month, appeared to characterise no decided variety of mania, but rather a great desire of counterfeiting it.”\*

Hill relates the following singular case of an idle young man, who enlisted in the army; “but not liking hard duty, affected insanity, and obtained his discharge; finding he must still work for his living, he became sane and enlisted again. In a short time he renewed his old tricks of playing the maniac, he was confined, but the truth being suspected, a threatened flogging caused him to steer a middle course, very troublesome to all about him.

“The regiment being ordered to this city, I was desired by his colonel to see him, and report on his case, on conversing with him, I assented to all he said; told him mistakes had happened respecting his deplorable case, which arising from deep-seated disease, would require a suitable regimen and a little medicine to restore so able a soldier to his duty. Two *vitriolic powders*, of five grains each,

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\* Pinel on Insanity, p. 283.

given in a dark room, fasting, and nothing allowed to drink, the straight waistcoat, and a link attached to one leg, changed his tone very soon. The medicine did its duty; he spoke highly of the benefit received, and on a repetition of it three times a week with suitable diet, he became a new man, rejoined his troop, and continued from 1796, to the peace of Amiens, a good soldier.”\*

“Zacheus relates a case in which a physician proposed flogging a person who, he supposed, feigned insanity, saying, that if it was not feigned, it would doubtless be of service; and if it was, it would cure him. The proposal of the remedy in the presence of the patient soon cured him.”†

An instance occurred in the Lunatic Asylum in this city, during the late war. A soldier who had enlisted, and who afterwards thought he would rather enjoy the company of his family, than perform the duties of the army, feigned mania. He was admitted into the asylum, and his wife then obtained certificates, that her husband was “confined in the Lunatic Asylum;” and, upon presenting it to the proper officer, she obtained his discharge from the army. His end being answered, he soon became sane, and left the asylum within twelve days from his first admittance.‡

In the life of H. M. Smith, who is confined in the Simsbury mines, there is a curious account of his feigning insanity during his confinement in jail be-

\* Hill on Insanity, p. 393.

† Dr. Stringham's MSS. Lectures.

‡ For this information, I am indebted to Mr. Sanford, the Superintendent.

fore his trial came on, in order to impress the court with the idea that he was insane, and thereby hoping either to evade, or mitigate the sentence of the law.\*

Some years since, a murder was perpetrated in Ireland by an individual who assumed mania as the cover of his crime, and succeeded. He was a person of dissipated habits and of violent passions; and having inflicted the mortal wound, and there being no possibility of his escaping the messengers of justice, he feigned madness. During the whole time of his confinement in prison, previous to the day of trial, his conduct was violent and his conversation incoherent: he totally neglected his person; suffered his beard to grow long, and contracted a filthy and disgusting appearance. When he was to be tried, it was with great difficulty the officers could bring him into court, and he was no sooner placed at the bar, than he looked wildly round upon the audience, and being an athletic man, by a sudden effort, he sprang across the counsel table, seized the judge by the collar, and from the extravagance of his behaviour, he was pronounced insane, and discharged as such. He embraced the earliest opportunity of leaving his country, came to the United States, and died a short time ago in one of the western counties of this state.

Mr. Male gives it as his opinion, that Billingham, who shot Percival in the house of Commons, was insane. And he further believes, that Nichol-

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\* For the particulars of this case, I must refer to a small book published during the last year, entitled "*The Mysterious Stranger*."

son, who was executed for the murder of Mr. and Mrs. Bonar at Chiselhurst, was mad.\*

### MELANCHOLIA.

Another disease of the mind, which is frequently feigned, but seldom for any very injurious purposes, is Melancholia. The present commiseration which it excites, is but small in comparison with that which is produced by diseases more easily imitated. It neither covers crime, nor mitigates punishment: neither is it considered as an excuse to free the individual from labour: all, therefore, which the pretender to Melancholia can expect, is the *pity* of his friends. Under these circumstances, we conceive the definition of Melancholia will answer our purpose. Cullen defines it “a partial insanity without dyspepsia.”† Pinel defines it thus—“Delirium exclusively upon one subject: no propensity to acts of violence, independant of such as may be impressed by a predominant and chimerical idea; free exercise in other respects, of all the faculties of the understanding; in some cases, equanimity of disposition or a state of unruffled satisfaction; in others, habitual depression and anxiety, and frequently a moroseness of character, amounting even to the most decided misanthropy, and sometimes with an invincible disgust with life.”‡

Boerhaave defines Melancholia to be that disease “in which a patient lies long and obstinately delirious, without a fever, and always intent upon one and the same thought.”

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\* P. 163. † Nosology. ‡ Pinel on Insanity, p. 149.

## IDIOTISM

Is the next affection of the mind which claims our attention.

“ An idiot, in the *English Laws*, denotes a natural fool, a person who hath had no understanding from his birth.”

“ A person who has understanding enough to measure a yard of cloth, number twenty rightly, and tell the days of the week, his parents, his age, &c. is not an idiot in the eyes of the law.”\*

Idiotism is not always congenital: it may arise from accident, as blows on the head; or it may be the consequence of mania, either arising from ill-treatment, or as the natural consequence of the disease. Excessive joy or sudden fear may produce it, without previous mania. As an instance of its arising from excessive joy, we have the case of “ an engineer, who proposed to the committee of public safety in the 2d year of the republic, a project for a new invented cannon, of which the effects would be tremendous. A day was fixed for the experiment at Meudon; and Robespierre wrote to the inventor so flattering a letter, that, upon perusing it, he was transfixed motionless to the spot: he was shortly afterwards sent to Bicêtre in a state of complete idiotism.”†

As an instance of fear suddenly producing idiotism, we extract that cited by Pinel. “ Two young conscripts, who had recently joined the army, were called into action; in the heat of the engagement

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\* Dr. Rees' Encyclopedia. † Pinel on Insanity, p. 167.

one of them was killed by a musket ball at the side of his brother—the survivor, petrified with horror, was struck motionless at the sight : some days afterward, he was sent in a state of complete idiotism to his father's house. His arrival produced a similar impression upon a third son of the same family.”

The specific character of Idiotism, is a “total or partial obliteration of the intellectual powers and affections, universal torpor, detached half-articulated sounds, or entire absence of speech, from want of ideas! in some cases, transient and unmeaning gusts of passion.\*”

A very good idea of an idiot, may be gathered from the following strongly marked case.

“ On a first view of this idiot, what appears most striking is the extremely disproportionate extent of the face, compared with the diminutive size of the cranium. No traits of animation are visible in his physiognomy. Every line indicates the most absolute stupidity. Between the height of the head and that of the whole stature, there is a very great disproportion. The cranium is greatly depressed both at the crown and at the temples. His looks are heavy and his mouth wide open. The whole extent of his knowledge is confined to three or four confused ideas, and that of his speech to as many inarticulate sounds. His capacity is so defective, that he can scarcely guide his food to the mouth ; and his insensibility so great, that he is incapable of attending to the common calls of nature. His step is feeble, heavy and tottering. His disinclination to mo-

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\* Pinel on Insanity, p. 172.

tion is excessive. He is totally insensible to the natural propensity for reproduction;—a passion so strong even in the Cretin, and which gives him a deep consciousness of his existence.\* This equivocal being, who seems to have been placed by nature, on the very confines of humanity, is the son of a farmer, and was brought to the hospital de Bicêtre about two years ago. He appears to have been impressed from infancy with the above characters of fatuity.”†

The feigning of idiotism is not so frequently attempted as that of other complaints. It is too difficult to be imitated, sufficiently well, to deceive a scrutinizing eye, and the length of time required to effect this kind of imposition, is generally too tedious to answer ordinary purposes. The assumption of it however, is occasionally met with when the intention is good, but much more frequently when it is criminal.

The well known instance of Junius Brutus, has already been noticed; and another singular instance which may be mentioned, occurred a few years since. A sailor, on board an American vessel, saw a boat from a British man of war approaching his ship, with the intention, as he supposed, of pressing men. Having no protection, he intimated to the captain his design, and resolved to feign idiotism, as the best expedient for escaping impressment. The men, according to custom, were

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\* For an account of the Cretins, see Foderé on the Goitre and Cretinge—also, Cox's Travels in Switzerland.

† Pinel on Insanity, p. 126.

all called aft. This man, however, unmindful of the orders, remained forward, imitating the actions of an idiot. The lieutenant of the English ship, after calling to the man a number of times, asked the captain who he was. "O," said the captain, "a common fool, whom we received from the last ship that boarded us." "A fool! ha," says the lieutenant, "I have seen such fools before—come here, and I will fool you." Without difficulty they got him into the boat, together with two or three of his companions. He immediately took the tiller, still continuing his grimaces. When they arrived at the ship, he ascended its side with great activity, ran up to the captain, grasped a button of his coat, pulled it off, and ran about the deck looking at it, and laughing with great vacancy of countenance. In short, he acted his part so well, that he was ordered back to his own ship, and thus completely effected his object.

Idiotism is so commonly feigned for criminal purposes, that the memory of almost every person can furnish examples, those, however, who may wish to read cases of the kind are referred to Chitty's *Criminal Law* and East's *Crown Law*.

Mendicants are sometimes detected, pretending idiotism, with the view of exciting pity, and, perhaps less frequently, of obtaining an asylum which will preserve them from want, and free them from labour.

If an individual is suspected of feigning idiotism, and we can discover that it is congenital, such evidence is sufficient to remove all doubt, and effectually to shelter him from accountability.

If we can prove it existed, even a short time before the person could possibly be aware that he would be benefited, by being considered deficient in intellect, it will be of material assistance to us in forming our opinion as to its reality.

If we can discover any satisfactory cause, which gave rise to this suspected derangement, and the common characteristics of idiotism are present, we are then compelled to decide in favour of the accused.

It is impossible to give an adequate description of that peculiar cast of countenance, which idiots possess; but any person, who has been in the habit of seeing many of them, cannot well be deceived after an attentive observation of their actions, as well, while they know they are watched, as at times when they are unconscious of it. This is also a means upon which we place much dependance; and these circumstances, in the generality of cases, which may come under our consideration, will be found sufficient, to enable us to form a correct opinion.

#### *ENCHANTMENTS AND DEMONIACAL POSSESSION.*

Pretensions to these powers, ought to be regarded because they have, sometimes, attracted the attention of physicians, and are those which will next be noticed.

In those countries, where the light of science does not appear as yet to have banished the darkness of superstition, enchantment and demoniacal possession, are pretended either with the intention of

concealing crime, or extorting money ; or, perhaps more frequently, merely to excite the wonder and astonishment of the more credulous portion of our race. It is not long since persons, reputed to be possessed, gained almost a perfect ascendancy over mankind, and were considered by many, as next to the Deity in point of power. To prove it, we need only refer to the histories of Europe, in those dark ages when superstition governed half the world. Even as late as the fifteenth century, witchcraft was a passport for mendicants, and a safeguard for criminals.

De Haen, mentions the case “ of a woman, who in consequence of attestations, given in her favour by certain well-informed Ecclesiastics, passed for a demoniac, and who, after her admission into the hospital at Vienna, was convicted of imposture.”

Dr. Andrew Boord, in his “ *Extravagantes,*” relates the method of curing demoniacs in his time. They were carried from all parts of Europe, to St. Peter’s at Rome—“ For,” says our author, “ within the precynct of St. Peters church, without St Peters chapel, standeth a pyller of whyte marble, grated round about with iron, into the whiche our Lorde jesus Christe dyd lye himselfe in his way unto the Pylates hal, as the Romaynes doth say ; to the whiche Pyfler al those, that be possessed of the devyl, out of divers countreys and nacions, be brought thyther ; and as they say of Rome, such persons be made there whole.”

He relates the case of a woman, who was brought from Germany, and who required more than twenty

men to put her into this pillar, and she was cured, after the priest had repeated a few sentences to her. He conceives the efficacy of the cure "dyd rest in the vertue that was in the pyller, or els in the wordes that the Preeste dyd speake." He appears rather inclined to think it consisted in the words of the priest.

Zacchias and Fidelis\* wrote much upon this subject, and firmly believed in the power of magic.

Zittmann seriously asks the question, whether the death of many legitimate children, who die under three years of age, is not to be ascribed to the power of witchcraft.

Alberti makes frequent mention of contracts with the devil.

Gabr. Clauder mentions a certain "*Empusa*" as one prostituted to the devil, whom the faculty of Leipsic discovered to be in reality a maniac.

Paracelsus, whose visionary opinions are almost forgotten, supposed that the devil entered us bodily, much in the same way *as a maggot does a filbert*.

Even in countries, where science receives its most solid support, and where it shines with the greatest splendour, there are still found those whose credulity and superstition lead them to believe in the power of magic. And we have not been a little surprised, when we have witnessed men of learning, and whose education should have taught them better, countenancing this species of imposition.

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\* "FORT. FIDELIS et ZACCHIAS sont excusables d'avoir cru au pouvoir magique, et partagé les opinions de leurs contemporains." Ballard, p. 461.

It is a fact, well known, that there are many *Fortune-tellers* now traversing this country, in all directions, imposing upon the credulous, and making them believe they can reveal the hidden mysteries of futurity. It is no less astonishing than true, that the famous one now living between Albany and Schenectady, in this state, is resorted to by both sexes, who, having lost a horse, cow, or any other property, apply to this woman that they may know where to find it. Numerous and strange stories are related of her, in which she is said to have given correct information.

The subject of "Haunted Houses" has been within a few years, three or four times discussed in the civil courts of this city. Tenants have moved out of their houses, and refused to pay the stipulated rent, alleging their houses were haunted, and consequently untenable. In one case the landlord brought an action for damages against his tenant, for reporting his house was haunted, whereby the landlord conceived the value of his house was materially injured. More instances of the kind might be referred to, but those already noticed are enough to cause every well-informed citizen to blush.

I shall not pretend to argue the question as to the "*reality of Demoniacal possession*:" I shall only remark that it is disputed by men equally eminent for their piety and their talents, and shall conclude this subject, in the words of a French author whom I have already had occasion to quote.

u/ “ Il est superflu de rappeler qu’elles ne méritent aucune attention, de la part des tribunaux.”

### EPILEPSY.

Having spoken of the various forms of insanity, and having made a few observations upon Incantations and Demoniacal possession, the next subject we shall notice, is that of Epilepsy, which is the disease more commonly feigned in prisons, hospitals, and work-houses, and principally with the view of being liberated from a temporary punishment,\* or of being exempted from labour. It is also pretended by mendicants, for purposes which we have already noticed. In the army and the navy, it is frequently met with, and often occasions the physician a great deal of trouble. Mr. Reed mentions, that epilepsy was very frequently feigned among the soldiers in the West Indies, in the year 1790.

Epilepsy, is a disease, which is noticed by the oldest writers on medicine; and the moderns seem to have added but very little to the descriptions given of it by Hippocrates, Galen, Celsus and Aretæus. Hippocrates described it under the name of *επιληψία*,<sup>†</sup> the sacred disease. Celsus calls it *majorum morbum*—Galen, *morbus herculeus*—“The sacred writers,” says Van Sweten,<sup>‡</sup> have called epileptic persons *επιληπτικοί*, lunatic; and what is

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\* It has occasionally happened, that prisoners in the New-York State Prison, when guilty of misdemeanor, have been confined in the cells—they have procured their liberation by pretending a paroxysm of epilepsy.

why not in the nominative case - *επιληψία* - *morbus*. &c.

said of the symptoms of the disease, confirms this assertion: for that wretched boy whom our Saviour cured, had laboured under this disease from his infancy; he had fallen both into the fire and water, had lost his speech and hearing, he presently roared out, as soon as he fell down, foamed at the mouth, grinded his teeth, &c. all which symptoms accompany the epilepsy. But as this disease, at its first beginning, frequently seizes the person in the night time, and about the change, and the full of the moon, frequently rages with repeated attacks; hence they seem to have attributed it to the moon, which is also mentioned by Aretæus."

It is not surprising, in those days, when the knowledge of men, respecting the animal economy was so very limited, that this disease should have been ascribed to demons, divine wrath, incantations and the like supernatural causes.

Boerhaave defines epilepsy thus—"the person suddenly falls down, losing all the senses both external and internal, with a violent, involuntary, reciprocal, concussion of all the muscles, or of some of them, with an alternate relaxation and a returning paroxysm.\*

A paroxysm of true epilepsy, is marked by the following symptoms. The person is sometimes suddenly thrown down, without any previous warning, in a state of violent convulsions, but most frequently† previous to the attack, he feels a swim-

\* Sect. 1071—Van Sweten Commentaries on Boerhaave.

† Dr. Thomas thinks, the premonitory symptoms of a paroxysm, occur much less frequently, than an attack of epilepsy without them. ‡

‡ This sentence is unintelligible - The author probably means, that attacks of epilepsy without previous symptoms, are more frequent than those that are pre-

ming in his head, and perceives sparks before his eyes, or an appearance like a rainbow, and fancies he hears strange sounds. Others are sensible of a disagreeable smell, or an unpleasant taste in the mouth. Some perceive a cloud before their eyes, and every object appears enveloped in a mist. Sometimes, the first warning of an attack, is the sensation of a cold blast ascending from the lower part of the body, and as soon as it arrives at the heart,\* the patient is suddenly deprived of all sensation, and falls down in convulsions. This sensation of cold air, is the "*aura epileptica*" of authors. Most patients, the moment they fall, groan or cry out, in a distressing manner.

The convulsions which immediately follow these symptoms, differ in degree, duration, and appearance in different epileptics. The forehead and hairy scalp are sometimes strongly convulsed—the hair raised, and the eye-brows depressed, as in a person in a fit of anger, the eyes appearing fixed, stern and prominent—The eye-lids are sometimes strongly convulsed, and again, only a tremulous motion is perceived; in some epileptics they are quite closed, and in others again they remain half open, exhibiting between them the white of the eye. The muscles of the face are strongly convulsed, and all the passions are expressed in very quick succession. The mouth sometimes remains wide open, and the jaws have been known to be dislocated. The tongue is often thrust out of the mouth

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\* Dr. Thomas says it ascends to the *head* before sensation is lost.

and crowded between the teeth ; it seldom escapes being wounded, during a paroxysm, and occasionally, a piece of it is bitten completely off. When this happens, blood is ejected from the nose and mouth, sometimes mixed with a viscid foam. In some instances, though but very few, blood is discharged from the ears. A grinding of the teeth is generally heard, and so powerful is the spasm, "that," says Van Sweten, "I remember, not without horror, to have seen pieces of the grinders broken off." Sometimes the head is bent forward, and the lower jaw presses upon the breast bone. At other times, it is bent backward, between the scapulæ ; and again it is astonishingly rotated. The fists are usually clenched, and the arms and legs, affected with violent convulsions, belchings, rumbling of the bowels, vomiting, and an involuntary discharge of the fœces and urine, are also symptoms of this disease. The pulse, at the commencement of the paroxysm, is quick and small ; and at its termination is fuller, more languid, and slow. The respiration is much disturbed, and appears as in a person, who is in danger of being suffocated. A noise is also made similar to that of a man attempting to lift a heavy burden.

The blood, not finding an easy passage through the lungs, the right ventricle becomes surcharged, the veins of the neck and forehead become distended, and the face assumes a livid, frightful appearance.

About this time, a tenacious foam is discharged from the nose and mouth, and appears to indicate

the acmè of the paroxysm, for, from this time, the symptoms abate; the countenance grows more natural; the breathing appears less oppressive, but is still a little stertorous, resembling the respiration of those affected with apoplexy. When sensation begins to return, the limbs of the patient are torpid—he feels either a heaviness in his head, or else, a dull pain; his countenance is pale, and he is pusillanimous and melancholy from the fatigue, and shame attending the disease.

To shew to what a degree, an imitation of these symptoms may be carried, and how difficult, from observation alone, it must be, to distinguish between the true and the false disease, the following cases, which occurred in the New-York State Prison, are subjoined.

A black girl, about twenty-two years of age, for some misdemeanour, was confined in the *Cells*. After about two or three hours had elapsed, I was called upon to visit her, in an “epileptic fit” as I was informed. I found her resting upon her head and heels, her eyes closed, and her eye-lids, and the muscles of her face, convulsively agitated, her breathing laborious, her fists clenched, and her limbs so stiff, as to baffle my greatest efforts to bend them. Her pulse was quick, but not very small. With these symptoms, she also had a foaming at the mouth. This condition of things lasted about ten minutes, after which a general relaxation took place, but her eye-lids still continued closed and quivering: in attempting to examine the state of the pupils, I found them turned so far back as to

prevent my getting a view of them ; and it should be noticed, that this hiding of the pupil was a very common circumstance with those prisoners who endeavoured to mimic epilepsy. Upon applying any sternutatories, she renewed the convulsions ; and when I attempted to administer an antispasmodic, I found her teeth so fixed together, that every endeavour was fruitless.

In this state of things, I threw nearly a bucket of water over her, but it appeared only to aggravate the symptoms, for it was immediately followed by violent agitation, so that much force was required to confine her. After the more violent convulsive actions had ceased, but whilst a rigid state of the limbs still continued, she was directed to be carried to her bed. Those who were carrying her, were ordered to raise her about four feet from the floor, and were then directed, in a loud voice, to "let her drop." She instantly endeavoured to preserve herself from injury, and fell upon her feet. Finding the deception was manifest, she commenced beating those persons who had let her drop.

Not two weeks had passed, before she was again committed to the cells, and in a short time, I was requested to visit her in another "fit." The symptoms attending it, were much the same as those before mentioned, except that, from her nose and mouth issued a bloody froth ; the convulsions did not appear so strong, and her breathing resembled more the apoplectic stertor. Sternutatories appeared to have no effect upon her.

I called the keeper, Mr. Raven, into the hall of

the cells, and told him, in a loud voice, so that the woman might hear me, that 'I believed now, she had a *real* fit; that she had not before suffered so much pain without flinching, and that I would give directions to the 'principal keeper' to have her taken out of the cells." In a low whisper, I then directed him, to lock her door, leave me in the hall, and lock the other doors; and desired him to come up again in a few minutes, without making any noise. I placed myself, at the little window in the door of her cell, in order to observe her movements; but, no sooner had Mr. Raven secured the second door, than she raised herself up, looked around with an indescribable kind of exultation in her countenance, as if to say, "I have now conquered them. In a few moments I shall have to act the second part of my farce, and be restored to my bed." She examined her bread, and the cann of water, from which she drank, and covered her feet and legs, which were cold, from being exposed to the air. About this time, she caught my eye at the little window, and instantaneously, as if by an electrical shock, she fell back in another fit. I then told her, I should leave her to act fits, or to amuse herself in any way she might think proper, for I was now fully convinced, that she only intended to deceive me. Another case must answer our present purpose.

A black girl, about twenty-one years of age, was frequently the subject of convulsions. The paroxysm in this person, differed from the ordinary kind, from the circumstance of her mouth being

stretched wide open. When I was requested to see her, which was about the middle of the night, the convulsions were apparently very violent, her eyes closed, and her eye-lids and the muscles of her face quivering; her pulse was full and frequent, but not hard; her skin of a natural temperature, and covered with perspiration. Under these circumstances, I did not long hesitate, but administered to her a *powerful* antispasmodic dose. I took Tinct. Opii. ʒij.—Tinct. Assaf. ʒss. Aq. Amon. ʒss—Aq. Com. ʒj.—of which I gave her immediately one table-spoonful, by holding her nose and pouring it into her mouth. This occasioned a violent and instantaneous cough, by which nearly the whole of what she had taken was rejected. It, however, had the desired effect, for she having heard me say, that I should repeat the dose every five minutes, until she “closed her mouth, opened her eyes, and stopped kicking,” concluded it was her best policy, to exhibit the required signs of health as soon as possible; and accordingly in not more than five minutes, she was as sensible, and as well as any one in the room. After making her promise, that she would not disturb me again that night, I left her.

I have frequently seen the tongue so much bitten, that a considerable quantity of blood has been discharged from the nose and mouth; and to endeavour the more to weaken our suspicions, these impostors have even gone so far as to draw blood from their ears, by wounding them with pins. At one time, the half of a pin thus introduced, was,

with difficulty extracted. Their bodies have been much bruised by beating against the bedstead, the floor, or the wall. They have resisted the most powerful sternutatories, and have endured astonishing degrees of pain. Their features have been distorted in such a manner, that a common observer would be convinced of the existence of disease; their eyes are often rolled so far back, as almost completely to conceal the cornea: fatigued, perhaps, by their exertions after all these appearances of disease, they have suddenly opened their eyes and "laughed me full in the face."

These facts are sufficient to show that there are few symptoms in epilepsy which may not be counterfeited. They also tend to show the caution every physician should exercise before giving an opinion, and prove that we can best rely upon *experiment* in distinguishing between the mere imitator, and the really afflicted: and here our tests are chiefly to be directed to discover the presence of sensation. Knowing that in true epilepsy, all sensation is lost, we may rest confident, if the required signs are present, the disease cannot exist. The tests which have been employed are many. Van Sweten mentions the case of "a young nobleman of a naughty disposition, who, if his parents denied him any gratification he wanted, immediately counterfeited this complaint; when the doctor was called, he ordered a surgeon to touch his great toe with a hot iron, upon which he immediately jumped up, and being afterwards given to understand, that upon the next paroxysm, the cautery

must be applied, he never durst counterfeit the disease any more."\*

While there are some cases, which may be detected in this way, there are others which foil every attempt at discovery. De Haen mentions the case of a woman who feigned epilepsy, and submitted to the actual cautery without detection, and who, afterwards being condemned to death, confessed that she had been practising a deception. To account for this, we must remember, that the strength of resolution is very great, and that to accomplish a favourite design, the severest pains can be endured. Even a trifling object, has commanded a resolution which is astonishing. I knew an instance of a young man who had declared that he could not be made to stir by pinching his ear. The experiment was made; and a person present actually removed a portion of the helix without the individual manifesting any signs of feeling, excepting that of a few tears.

Let us, also, refer to the histories of those persons who suffered themselves to be burned to death, rather than renounce their faith, and if the histories be correct, we shall see that some of them were scarcely moved.

The Hindoos are noted for the strength of their resolutions. Instances are related of their closing their fists, and resolving never to open them, and they conceive their vow so sacred, that they suffer the nails to grow through the hand. They some-

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\* Vol. 10, p. 329.

times clasp their hands together, and place them upon their heads, resolving never to remove them. The consequence is, their arms either inflame, swell, and mortify, or they wither; and their resolution remaining firm to the last. Women mount the funeral piles of their husbands, and because signs of sensation are considered as a want of faith, they are seldom seen to stir.\*

But we need not go so far for proofs of the strength of resolution, for if we call to mind the cases of those patients who have undergone the severest operations, without exhibiting the smallest signs of feeling, we must be convinced, that an apparent loss of sensation, is often a very equivocal circumstance by which to direct our judgment.†

In order, however, to discover the presence of sensation, other means than those we have mentioned have been employed. Van Sweten says, there is no difficulty attending the detection; "for if you pinch the arm with the fingers while feeling the pulse, it will always discover itself." Putting the fingers in the mouth, and pressing the gums with the nails—running pins and needles under the finger nails—and pressing the nails from the skin, have detected many cases. Dashing a bucket of cold water over the patient, at the com-

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\* Much curious and interesting matter, upon this subject, may be seen in the *Sketches of the Hindoos* by an anonymous writer, published in London—Also, in the *Asiatic Annual Register*.

† Last winter, I saw a girl about 17 years of age, in Guy's Hospital, London, suffer her thigh to be amputated, without exhibiting the smallest symptom of pain, and during the greatest part of the operation, a pleasant smile was on her countenance.

The woman, upon whom Dr. Ross performed the operation for carotid aneurism, in the winter of 1816/17 exhibited the greatest fortitude.

mencement of a paroxysm, will often cause a change of symptoms. These are some of the means which have been employed to detect feeling.

The dilatation of the pupil is depended upon by many as a sure sign of true epilepsy. When the pupil can be seen it may influence our judgment, but we know, that the eyes are often rolled so far back as to hide the pupil entirely: and we also know, that by rubbing a little of the Tinct. of *Atropa Bellodona*, or some other of the narcotics on the eye-lids, they will have the effect of dilating the pupil. The faculty of Leipsic declared a woman to feign epilepsy, because her eyes were closed during a paroxysm. They paid the strictest attention to the closing of the eyes, and the sensibility of the schneiderian membrane, and in order to ascertain the state of the latter, they made frequent use of sternutatories; but we have seen, that, even these have failed of detecting the imposition, when the disease was feigned. The colour of the face may be made livid, and the veins of the neck distended, by holding the breath, which pretenders generally very well understand, and very exactly imitate.

A story is related of a beggar in Paris, who frequently feigned these fits. A person who suspected the deception, proposed a bed of straw to be brought into the street, as he stated to the beggar to prevent his injuring himself by the effects of the fit. Soon after the bed was proposed, as was expected, he had a fit and fell on the bed. Fire was immediately applied to the four corners of the bed, and the beggar jumped up and ran away.

A heavy shock of electricity is a test of feigned epilepsy, which I have employed with much success. I made it a rule in the prison as soon as a prisoner had a fit, to electrify him if practicable. By putting this in practice for a short time, the result was, that instead of being called upon two or three times in twenty-four hours, to prescribe in epilepsy I was not troubled as often in a week.

Those who feign epilepsy, seldom imitate the last part of the paroxysm as well as the first. The stupor and sense of shame which never fails to attend true epilepsy, is generally wanting in the feigned disease. Pretenders begin to foam at the mouth as soon as the paroxysm commences, and all have not courage to bite their tongue, or as true epileptics often do, close their teeth upon their tongue and let them remain so for a long time, unconscious of the injury they are doing.

The convulsive motions of the muscles of the face in feigned epilepsy, are by no means so quick as those of the real disease. The tremor appears more general, and not as in true epilepsy, in particular parts of the body. And this voluntary convulsive motion of the muscles of feigned epileptics, may often be stopped by suddenly attracting their attention, as by the cry of fire, or by firing off a squib close by them when they do not expect it.

After this view of the subject, I think, that instead of concluding with Van Sweten, that feigned epilepsy may be easily detected, we may with more correctness say with Ballard, that it is extremely difficult to distinguish it from the real disease.

*HYSTERIA.*

This disease appears nearly allied to epilepsy : and as the convulsions are sometimes feigned, in boarding schools by young ladies, whose principal ambition is that of being enabled to excuse themselves from study, and by females in other situations of life, in order to excite compassion, and to gain admittance into public charities, &c. it becomes the duty of the physician to distinguish between the true and the false disease ; and this duty is by no means easy to perform. A man as well skilled in the knowledge of disease, and possessing as much discernment as Dr. Cullen, was once deceived.\*

Hysteria appears under so many forms, and exhibits so many different characteristics, that it is almost an impossibility to mark the limits of a paroxysm ; and to say what symptoms may be admitted as pathognomonic, and what may not. This disease is distinguished from epilepsy by the “ globus hystericus, by the great flow of limpid urine, by the sudden transition from laughing to crying, and by the fear of death preceding and succeeding the paroxysms.”† Cullen defines hysteria to be “ a murmuring of the bowels ; a sense of a globe rolling itself in the abdomen, and rising to the stomach, and fauces producing strangulation ; sleep, convulsions ; a profuse discharge of limpid urine ; the mind changeable, inconstant, and not under the controul of the will.”‡

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\* Vide Male's Judiciary or Forensic Medicine.

† Thomas's Practice, p. 273.

‡ Lewis's Cullen, p. 138.

The means for detecting feigned hysteria, being the same as those already submitted for detecting feigned epilepsy, it is unnecessary to enter into a further discussion of the subject, and we shall refer to Cullen, Thomas, and Van Sweten for a particular description of the symptoms, after stating a few of the more common causes of the disease.

The paroxysms are readily excited in those who are subject to them, by passions of the mind, and every considerable emotion, especially when brought on by surprise; hence sudden joy, grief, fear, &c. are very apt to occasion them; they have also been known to arise from irritation and sympathy.

“Women of a delicate habit, and whose nervous system is extremely sensible, are those who are most subject to hysteric affections; and the habit which predisposes to this attack, is acquired by inactivity and a sedentary life, grief, anxiety of mind, late hours, dissipation, a suppression or obstruction of the menstrual flux, excessive evacuations, and the constant use of a low diet, or a crude unwholesome food.”\*

#### CATALEPSY.

Perhaps this may be as proper a place as any to speak of *catalepsy*, *ecstasies* and *trances*, which are commonly noticed among the feigned diseases. These are feigned principally by religious hypocrites, in order to acquire a character of great sanctity.

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\* Thomas's Practice, p. 274.

Zacchias mentions the case of a female, whom he knew, who, when many were collected together in a church, would become suddenly fixed as if in an *ecstasy*, and remain in the same posture for a length of time, sometimes stretching herself forward in a most extraordinary manner, as if about to fly; but what appeared more surprising, was, that she could change the colour and expression of her countenance to a great degree, and very suddenly; sometimes appearing quite red, and at other times pale. She eventually became a public prostitute.

Catalepsy is a disease of very unfrequent occurrence in this country. Boerhaave defines it to be "that disease in which the patient is immediately struck motionless, insensible, and retains the same posture which he was in, the very moment he was seized."\*

It does not, however, appear to be always attended with insensibility; for there are cases related, in which the patient could speak, swallow, and move the eyes in any direction. For a singular case of catalepsy, see the *Edinburgh Medical and Surgical Journal*, Vol. 1, page 61. Dr. Lubboch of Norwich, there details a case which, if he has not been deceived, is certainly a very singular variety of catalepsy.

Catalepsy may be induced by intense study and strong emotions of the mind. Religious enthusiasts are frequently liable to it, and women more often than men, from being predisposed to it by greater irritability of constitution.

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\* Aphorism, 1036.

The limbs of cataleptic patients remain in whatever situation they are placed. "The vital actions, as the pulse and respiration, are scarcely changed, unless, that sometimes the pulse is observed to be a little weaker, though it does not always happen."\* Electricity will generally detect any pretensions to this complaint. The tests are the same as those recommended for epilepsy. We conclude our observation by relating a case of feigned catalepsy.

A young lady of Rensselear county in this state, at the age of fifteen years, for no assignable motive, (for she possessed many of the comforts of life) was induced to pretend she could neither move or speak. She was regularly lifted from her chair to her bed and back again, as occasion might require. She slept well; had a good appetite; her countenance looked healthy, and with the exception of the two symptoms just mentioned, nothing could be observed that had the appearance of disease. The singularity of her complaint attracted the attention of several physicians, and so well did she act her part, that while some of them understood the real nature of her complaint, there were others who could not be convinced, until an experiment put it beyond doubt.

She possessed a terrifying idea of electricity. It was talked of in her hearing as something terrible. A machine for exciting it was procured, and upon her receiving the first shock, which was a severe

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\* Van Swieten's Commentaries on Aph. 1039.

one, she spoke for the first time in six months, and the more credulous part of her friends concluded, a miracle had been performed. She got well immediately, and is now living, and enjoys perfect health.

### PALSY.

PALSY is feigned in the same situations, and for the same purposes as Epilepsy, though much less frequently.

Palsy is attended with so many symptoms which depend entirely upon the relation of the patient, and so very few external characteristics, that the detection of the feigned disease is always much more difficult than that of epilepsy; and let the pretender possess but little of that firm resolution which we have already noticed, I will venture to say, there are few physicians who possess sufficient discernment to detect the fraud.

Boerhaave defines this disease, "a lax immobility of a muscle not to be overcome by any effort of the will, or of the vital powers: sometimes there is an absolute insensibility of the part; sometimes a small degree of feeling remains, attended with a numbness and a pricking sensation."\*

It will be adding very little to our purpose, to take a view of the phenomena of this disease. It may, however, be proper to notice the more common of its causes; for if these are present, there will be no necessity for a further inquiry.

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\* Aphorism 1057.

The causes of palsy are, compression of the nerves, either by tumours or injury done to the part, as blows upon the head or spine. Palsy may also follow as the effect of poisons, as lead and arsenic; or it may be the consequence of apoplexy and rheumatism. It may be sudden or gradual in its approach; if gradual, it is preceded by numbness, coldness and paleness, and sometimes by slight convulsive twitches.

A comparison of the symptoms of the real and the feigned disease, will be of very little service in detecting imposition. We have therefore to depend chiefly upon tests; and the first we shall recommend is that of Electricity. Commence, by applying light shocks to the part affected; then the same quantity (graduated by an electrometer) to a part not affected, and carefully observe of which the patient complains most. If the disease is real, the patient will immediately remark a difference, the shock passed through the unaffected part being most painful, while that through a limb affected, creates a sensation rather pleasant than otherwise. Shocks which are very painful to bear through a healthy limb are borne without any difficulty, in one that is palsied. Therefore, by employing electricity (commencing with slight and increasing to heavy charges) if the disease is real, we are in the use of a good remedy, and if it is feigned, we are employing the best test to discover deception.

An instance occurred in the New-York State Prison, in which, in this way, an imposition was detected.

L. B. a Frenchman, had been in the hospital for six or seven months, and complained of inability to bend his knee, and about once in two or three weeks, he affected a fit of epilepsy. He had submitted to blisters, frictions, cathartics and various remedies, but all without success, and as I strongly suspected fraud, by the unconnected and unnatural account he gave of his complaint, and as he was rather of a timid disposition, I thought him a very fit subject for electricity. I began with slight shocks, and about the fifth day charged four hundred and fifty square inches of covered surface; upon receiving which, he immediately jumped up, ran into the hall in a passion, asked for his dismissal, and resumed his work, which was that of a shoemaker.

Blisters, cupping, the application of setons and issues, while they are among the best remedies for the real, are also very good ones for detecting the feigned disease. But we sometimes see cases which elude every attempt at detection, until the object of the individual is effected.

These imprisoned pretenders make use of so much piteous language, appeal so frequently to their "wretched situation," appear so anxious to obtain the opinion of the physician respecting the probable termination of their complaints, and these whining interrogations are accompanied with such an abundance of tears, and their conduct carries with it the appearance of so much plausibility and so much misery, that it throws the unsuspecting physician completely off his guard, leaving him

scarcely a doubt, as to the reality of the disease. One or two cases will be sufficient to show to what extent they are capable of carrying their deceptions, and to prove, that there are men, who would rather endure the pain of blisters, scarificators, setons and issues, with a long list of disagreeable remedies, and remain *idle*, than perform their regular and easy tasks.

T. B. a black man, forty years of age, sentenced to the State Prison for fifty-six years, was admitted into the hospital, after about one year's confinement, for paraplegia. He grew gradually worse, and after a short time was confined entirely to his bed. Blisters, friction, electricity, cupping, cathartics, abstinence, and a long list of active and painful remedies were employed, but all without effect. At length the physician despairing of success, and not once suspecting deception, classed him among the incurables. His ingenuity afforded him various means of employing his time pleasantly: working as his inclination dictated, with his knife, brush or needle. In this way he passed nearly two years and a half. At this time he was recommended for pardon, and in a few days, obtained his liberty. He had been discharged from the prison but four days before he was completely restored.

The case of William M'Donald, now dead, is a case of very uncommon occurrence. He lay for more than two years pretending palsy, and submitted with readiness and often with eagerness, to many painful remedies. His "incurable disease"

was influential in procuring him a pardon ; and no sooner had he passed the “stepping-stone” of the gate, after he had obtained his liberty, than he threw his crutches over the fence, and after giving two or three cheers he ran away, in as good health as any one of the spectators.

### *PREGNANCY.*

The next subject which claims our attention, is that of *PREGNANCY*, which, although not strictly speaking, a disease, still it is a condition of the female system, which is sometimes pretended, sometimes concealed, and always intimately connected with the character of the individual: and it has long been considered a province of the physician, to determine the question, whether pregnancy exists or not. To give that attention to the subject which its importance demands, requires of us to note, and carefully examine every minute symptom, in order to ascertain how far they are to be admitted as evidences of this state.

Pregnancy is sometimes pretended by the indolent among the lower orders of society, either for the purpose of exciting commiseration, or for obtaining an asylum in public charities. It is sometimes feigned by women after the death of their husbands, with the view of retaining property, and withholding from the legal heirs their rights ; and sometimes in order to extort money from a particular individual, or to destroy his reputation by declaring him the father of the offspring. Preg-

nancy is often pretended by convicts, for the purpose of deferring the execution of the law, or to mitigate punishment already in execution.

In the history of pretended pregnancy, we cannot but notice the case of Bianca Cappello, who had very nearly placed the offspring of another on the throne of Tuscany as the son of her prince.\*

Male, in his *Forensic Medicine*, relates the following instance. "A surgeon, in Birmingham, (England) being called to a pretended labour, a

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\* Bianca, at the age of 20, left her father's palace at Venice, and accompanied Petro Bonaventuri to Florence, and during their journey they were married at Bologna. While residing at Florence, in the greatest obscurity, Francisco, then duke, but afterwards prince of Tuscany, fell in love with her. She left her husband, and lived as the mistress of the prince, in the palace which he prepared for her. After she had resided at Florence about nine years, Francisco became governor of Tuscany by the death of his father. Although he had been a long time married, and his wife Donna Joanna, had borne him many children, still he had no son to succeed to his throne. He expressed to his mistress, his desire of having an heir, and she signified her wish of becoming a mother. "But a long and uninterrupted course of dissipation, had so impaired her constitution, as to render pregnancy but little probable. The efficacy of medicine, of every nostrum, and superstition, which the knowledge of the temper of the times afforded, had long been resorted to by Bianca, but in vain; when, despairing of success, she resolved to have recourse to subtlety and fraud." A long premeditated project began to ripen; she chose her confidants, and each received their orders, committing the whole affair to the management of Joanna Sancti. Several pregnant women in Florence were pitched upon for furnishing the means of accomplishing her designs. In the mean time, the report of the pregnancy of the mistress of the prince was industriously circulated. "At length one of the women marked by Sancti, was delivered of a son, and the mother and the son conveyed to a house belonging to Bianca. Sancti making the woman a visit, took the infant from its mother, and under pretence of showing it to some person in the adjoining room, and under cover of night, had it carried to the palace of Bianca, to be produced as occasion might serve. Bianca during the day had acted the part of a woman in labour. The duke full of anxiety, and impatiently expecting her delivery, quitted not her room for a moment; till at length exhausted by fatigue and watching, the night being far advanced, he was prevailed upon to retire, and to leave his beloved mistress with her nurse and attendants. Bianca contrived, by some pretence, to rid herself of her physicians, who waited in her chamber, and who seems not to have been concerned in the plot; and in the interval, surrounded only by her confidential friends, pretended to have brought forth a son." For a more particular account of this woman, and the consequences of this deception, see "*Female Biography*."

dead child was presented him, but there was no placenta. He proceeded to examine the woman, and found the os tinæ in its natural state nearly closed, and the vagina so much contracted as not to admit the hand. Astonished at this appearance, he went to consult a medical friend on the subject; but before any further steps were taken, the deception was detected. The woman, in fact, had never been pregnant, and the dead child was the borrowed offspring of another: she was induced to practice this artifice, to appease the wrath of her husband, who often reproached her for her sterility.\*”

An eminent physician of this city, in his lectures on obstetrics, relates the following case of pretended labour. Being requested by some charitable ladies to visit a poor woman, who, as he was informed, had been in labour three days; he immediately complied with the request, and found her apparently, in a very distressed situation—cloths stained with blood were exhibited as an evidence that hæmorrhage had taken place. On examination, however, he was astonished to find, that so far from her being in labour, she was not even pregnant. He retired without making known his discovery, and the farce was kept up until the charity of her neighbours had so abundantly supplied her with gifts, that she was enabled a short time afterwards, to furnish a little shop in the upper part of the city with the proceeds of her artifice.

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\* Male's Judiciary or Forensic Medicine, p. 123.

The history of Joanna Southcot must be fresh in the memory of almost every person. After practising a long imposition, she pretended herself pregnant by the Holy Ghost. Dr. Reece of London examined her two separate times, and as often published his opinion, which was, that she was pregnant, although she was nearly sixty years of age. Almost a week after her death, which happened about the *fourteenth month* of pregnancy as she pretended, she was opened and no appearance of conception was discoverable.\*

In order to decide that pregnancy does not exist, it is necessary to know the changes commonly induced in those, who are really pregnant. The following signs are enumerated by Manningham, in his *Artis Obstetricariæ Compendium*. Signa ex—Venerei Appetitus Æstu. Languoris tempore. Uteri *siccitate* et quadam *suctione* a Coitu. Calore et Motu in Pelvi; qui *Extasis secundaria*. Appetitu a solitis ad insolita translato. Nausea. Vomitu. Virium prostratione per duos Menses. Menstruis suppressis cum Euphoria. Abdominis complanatione. Ore Tincæ—clauso—aucto—molli. Abdomine antrorsum et deorsum sine Molestia tumido. Umbilico elevato. Motu Fœtus quarto Mense. Ore Tincæ attenuato sexto Mense. Mammis et Papillis—duris—tumidis—elevatis. Areolis Mammarum, papillosis. His quandoque accedit—Efflorescentia in cute—Somnolentia.”†

\* Critical Review for August, 1815.—Espriella's Letters, vol. 3, p. 236.

† Page 53.

These symptoms, however, we shall find, taken separately, are entitled to very little dependance: I shall only notice the most prominent of them.

*Suppression of the Menses* is an evidence upon which much reliance is placed, and from which women generally date their conception. This, however, without other signs, is a very equivocal one, for it takes place independent of pregnancy,\* and it is not an uncommon occurrence for the catemenia to flow for two or three months after conception. I am well acquainted with a lady of strict veracity, in this city, who has been the mother of six children, and she assures me, that from the age of puberty, until she had passed her forty-fifth year, her menstrual discharge was never wanting at its regular periods; that *sometimes*, during pregnancy and lactation it was a little diminished in quantity, but when pregnant, she was generally unconscious of her condition until the period of quickening. But should a woman wish to pretend a suppression of the menses, it is an easy matter for her to remove any appearance of blood.

*A Swelling of the Abdomen* may arise from dropsy, tympanites, or other diseases, or there may be a natural anterior obliquity of the womb, and an enlarged belly from obesity alone. In dropsy there is generally an evident fluctuation. In pregnancy there is none, unless connected with

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\* Sola Mensium, Suppressio Virginibus, Inappetentiam Nauseam et Vomitus, instar Utero gestantium sæpe adfert: Fluor etiam serosus e Mammis profluit, verum Lac nunquam nisi Gravidis. *Art. Obstet. Compd. p. 49.*

dropsy. The borborygma, and peculiar sound excited by gently tapping the abdomen with the hand, will generally distinguish tympanites from pregnancy. In obesity, as well as in dropsy and tympanites, the swelling of the abdomen is generally uniform. In pregnancy, the tumor usually inclines to one side.

*The swelling of the breasts, their containing milk,\* and the discolouration of the areola,* are placed by Farr among the *certain* signs of pregnancy.† But we now know that these circumstances take place in many diseases of the uterus, and even sometimes in girls before the appearance of the menses. Thus we see that the signs of pregnancy in the early months, may be easily pretended. But, fortunately for the physician, as the time progresses, his opinion may be formed with more certainty.

*The motion of the Fœtus* which happens about the fourth month of gestation, if discoverable, will generally enable us to decide with correctness, and as this is of much importance, the examination cannot be conducted with too much circumspection.

“To excite and distinguish this motion,” says Baudelocque, “advance the finger, introduced into the *Vagina* to the body of the *Uterus*, near the

\* Instances are related, in which the breasts of men have contained milk. Ray, in his work on the *Wisdom of God in Creation*, relates the case of a man who, after the death of his wife, applied a young infant which she had left, to his breast to pacify it, because there was no wet nurse in the village, and he was surprised to find that it drew milk, “upon which it subsisted,” says Ray, “until it was old enough to be weaned.” See *Ray on Creation*, p. 227.

† Farr's *Forensic Medicine*, p. 36.

base of its neck, or as high as possible, either before or behind: and we apply the other hand\* over the *pelvis*, in order to fix the *fundus*: we then agitate it upward and downward, with the finger and the hand, till we distinguish the movement in question: observing, however, not to mistake the motion of the *uterus* for that of the child.”†

In addition to the signs which have been noticed as characterising the state of pregnancy, it is of consequence to determine whether the female does not labour under an actual incapacity to conceive. The causes which may produce such a condition, are mal-conformation of the genital organs—adhesions of the sides of the vagina—a schirrhous of the uterus—a long continued or profuse fluor albus—scantiness of the menses, or an excessive discharge of them. In detecting feigned pregnancy, the age‡ is likewise a material consideration, conception being confined in this climate, with very few exceptions, to the period of life between the fifteenth and forty-sixth year.

“If the mouth of the uterus is firm,” says Dr. Stringham, “and we can discover the transverse ridge, and the usual signs of pregnancy are wanting, we may venture an opinion that conception has not taken place.”||

\* Previously dipped in cold water. *Stringham's Lectures, M. S.*

† Baudelocque, *Midwifery*, p. 146.

‡ *Fœminæ juniores raro, ante concipiunt, quam menstrua iis contigerint.*

*Art. Obstet. Compend. p. 49.*

|| *Manuscript Lectures, 1816.*

## DELIVERY.

We have seen that *delivery* is sometimes pretended; and here it must be remembered, that every moment lost in ascertaining the truth, increases the difficulty of detection. All writers on Forensic Medicine agree, that the examination of the woman, should take place within at least *five days* after delivery, in order to arrive at any degree of certainty.

The changes produced by delivery, and which we may expect to find upon examination, are, a swelling and redness of the external organs of generation, and an enlarged capacity of the vagina, both arising from the passage of the child; the mouth of the uterus a little open and soft; the abdominal muscles flaccid and wrinkled; the appearance of the linea albucentia,<sup>†</sup> or small white lines upon the abdomen, which frequently remain for a long time, and do not therefore indicate recent parturition. Other evidences of delivery having taken place, within a short time, are, a distended state of the mammæ; their containing milk; the erection of the nipple; the darkened colour of the areola; the presence of the lochia, which within six or eight days is very material to the formation of a correct opinion. The Lochia can readily be distinguished from the menstrual discharge, by its peculiar smell; its colour at first is that of pure blood, and it gradually becomes paler until it ceases to flow altogether. If these symptoms are wanting, we may conclude

lineæ albicantes

with much certainty that delivery has not taken place within the time specified.

There are some other complaints, the assumption of which the physician is sometimes called to witness, but which are of too rare occurrence to require a very particular investigation in this dissertation: I shall therefore conclude what I have to offer upon the subject of Feigned Diseases by relating some of those cases which have come under my observation.

During the first few weeks of my attendance at the Prison, I had frequent opportunities of witnessing a *pretended suppression of urine* among the female prisoners, particularly the blacks. Indeed, at one time, it was almost epidemic. By reference to old registers, I found this was a common complaint immediately after the initiation of almost every "Resident Physician." The details of two cases, of which I took particular notice, will be sufficient for our present purpose.

A black girl, who, as I afterwards learned, very shortly after her commitment, resolved that she would not do a day's work during her confinement; made various complaints, for some of which effectual remedies were found, particularly that of pain, for she having discovered that I generally employed blisters for local inflammation, had recourse to complaints which required in her opinion less painful remedies. One occurrence with this patient I must be permitted to mention, as it shows

the great necessity of attending not merely to prescription, but to the execution of our directions. She complained of pain in the bowels, which, to all appearance was severe. Having employed large quantities of cathartic medicine without benefit, I prescribed a large blister for the abdomen; fearing she might object to its application, I gave the nurse a strict charge to apply it herself. The next morning I was surprised to learn that the blister had not been dressed; she said it had not yet drawn; that she "guessed the salve was not good." But as fifteen hours had elapsed, I concluded it was full time for it to produce its effects, and therefore requested an inspection; but to this she objected, pleading her *modesty* as an excuse; but with her, I knew all modesty to be affected, and as her symptoms did not appear at all improved, I did not long parley with her; and, upon examination, I found the plastered surface of the leather uppermost. She, of course, knew nothing of the circumstance, but the evidence that the nurse had made no *mistake* in applying it, was too strong for her to substantiate her ignorance; and, to prevent punishment, she acknowledged that she had taken it off because she was afraid it was too large. At length she concluded that she would try what a *pretended suppression of urine* would do for her; and certainly her ingenuity deserves credit for the manner in which she introduced her new complaint. She first complained of pain in the hypogastric region, and of a burning sensation accompanying the evacuation of

the bladder. These symptoms according to her account, did not yield to any remedies, but were much aggravated the next day, and the urine was discharged in small quantities and with great difficulty. The following morning, with a great deal of apparent modesty and delicacy, she informed me that she could not pass one drop of water, and was in great pain. Upon examination, I found the bladder very much distended, and by means of the catheter, drew off a large quantity of high coloured urine. From the first, as might be expected, her appetite appeared bad, and now she eat nothing; and her pulse and tongue exhibited signs of general irritation. The introduction of the catheter twice a-day, together with other remedies, was continued for three weeks, at which time accident led to the detection of the imposition. Business called me from the prison for one day, during which time, I engaged a friend to attend to my duties, but this patient by some accident was neglected. The next morning, before breakfast, I was called to her: her situation at first appeared distressing and urgent. I found her groaning and restless with pain; four or five persons attending her and blaming me for my delay. Upon examination, however, I found the hypogastric region very soft, and not the least appearance of a tumour discoverable. I immediately suspected deception, and introduced the catheter, but could obtain scarcely four ounces of urine. I accused her of imposition; she denied it in peremptory terms, and wondered that I could think she would be guilty of such an offence. Upon inquiry, how-

ever, I discovered that during the night, she got out of bed and discharged her urine in the tub. Notwithstanding this evidence, which was attested by two persons, she still persisted in the denial, and cried a great deal ; said the prisoners were all against her ; that she had not a friend in the place ; but during this discussion she forgot her *agonies*, which seemed very much to confuse her. At length she lay down and covered her head with the blankets. She was now ordered to be confined in a room alone, where it was impossible for her to conceal her urine. The next day she confessed her imposition and begged my forgiveness.

The detection of this case led me to examine more particularly into other cases of a similar kind. I shall mention the following instance, because there was something attending it, worthy of observation.

A mulatto girl, who was confined in the prison for a second offence, had been on the hospital lists for the greater part of the two last years. At length she could not pass her urine. The catheter, together with the use of diuretic remedies of various kinds was employed ; but the relief she obtained, appeared to be only temporary. The catheter was introduced, at least as often as twice a day for nearly four weeks. There was great difficulty attending the first introduction of the instrument, which arose from a singular formation of parts. The termination of the urethra was at least an inch and a half from the entrance of the vagina. This patient, however, like two others with the same complaint, began to recover very fast. The day that

the first case was detected, she passed a little water, and the next day, the necessity of introducing the catheter was obviated by a very happy and comfortable removal of all unpleasant symptoms.

I will just remark that the white tongue, which these pretenders generally have, and which was noticed in the case first related, may be easily accounted for. A considerable coat upon the tongue may readily be produced by any person that will take the trouble to abstain from food and drink for twenty-four hours: hence, we see that most persons, although they enjoy an uninterrupted state of health, have their tongues more or less furred in the morning. Most pretenders understand this very well; hence, a bad appetite is almost an universal symptom with them, and for the same reason they seldom eat any thing until after they have been visited by the physician.

A foul tongue, by most people, is considered as a sure sign of fever; but nothing can be more erroneous. It may, with more propriety, be considered as the consequence merely of a derangement of the stomach; and as an affection of this organ is more or less an attendant upon general irritation, so the tongue generally, though not always, becomes coated in fevers: and upon this principle we think, may be explained the other symptoms of irritation which we mentioned in the first case of pretended strangury.

There was a beggar in a village in this state, who for some time subsisted upon the charity of the inhabitants, by frequently exhibiting to them the appearance of a very extensive and foul ulcer

upon his leg, which, as he pretended, disabled him from labour. He was observed one morning very busily engaged under a shed, by some boys, who watched him in his operations, and discovered that he was gluing to his leg a thin piece of beef, which, when he had finished, they went up to observe, and found not his old, but *an excellent new ulcer*. It is almost needless to observe, that when this circumstance was made public, he used his legs for quite another purpose.

Perhaps at some future period I may offer something more upon the subject which has now been but slightly considered. The numerous instances of imposition which have been detected, and the many more which it is to be feared elude the observation of the physician, bespeak its importance. The task of thus exposing the depravity of human nature, is by no means as pleasant as it is necessary, and we think enough has been said, to show, that from the highest circles of affluence, to the lowest grade of poverty; from the decrepitude of age, to the helplessness of infancy, are to be found those who feign diseases.

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ERRATA.

- Page 9. line 9, for *witnessed instances of the*, read witnessed the  
 31 9, for *Zacheus* read Zacchias  
 32 3, from the bottom, for *Billingham* read Bellingham.  
 36 Note for *Crilinge* read Cretinage.  
 40 for *d'avor cru au pouvoir, magique, et partage, les* read d'avoir  
 cru au pouvoir magique, et partage les.  
 Page 52 line 10 for *Bellodona* read Belladonna.  
 55 Note for *Lewis Cullen* read Lewis's Cullen.

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